

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000034810 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address;

LLC REGISTERED AGENT CHANGE S.K.N.M. INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: S.K.N.M. INVESTMENTS LLC			
	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Nicollete Stitsky			
Name of Person			
S.K.N.M. INVESTMENTS LLC			
Firm/Company			
7750 Okeechobee Blvd West Palm Beach FL 33411			
Address			
West Palm Beach FL 33411			
City/State and Zip Code			
milroyal@aol.com			
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this matter, p	please call:		
Nicollette Strisky	954 658-1540 at ()		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following a	mount:		
□ \$25 Filing Fee	Cl \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

Ĭ.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

• •	NE	me of the limited liability company:	MENT			
2.	(a)	7750 Okeechobee Blvd West Palm Beach FL 33411	_ (1	7750 Okeechobee Blvd West Palm Beach FL 33411		
	` '	Principal office address of limited liability company:	- , `		Mailing address of limited liability company:	
		(Nete: MUST BE STREET ADDRESS) 7750 Okeechobee Blvd West Palm Beach FL 33411		7750 Ohn	(Note: MAY BE POST OFFICE BOX)	
		7/30 Okeechooee Divd West Paim Beach FL 33411	-	7730 OKE	echobee Blvd West Palm Beach FL 33411	
,		10/01/2013	 	L1300013	8267	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	STITSKY, NICOLLETTE			•	
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			 	
		8561 COBBLESTONE POINT CIRCLE			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
		BOYNTON BEACH .FL	33472			
(b) C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered			Office address:		EB O AT COMMENT	
		NEW Rogistered Office Address:			- 08: 2	
		1200 South Pine Island Road	·			
		Plantation , FL	33324		_	
the age	cha ent v s/we arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	es of the the regi bility co f the lin limited	stered offic ompany, it nited liabili	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
Š	igha	ture of a member or authorized representative of a member			Printed or typed name of signee	
υ,		by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the properties of this change. The of Registered Agent Danijela Byers-Asst. Secretary	ee to ac perform I for in ereby c	t in this cap ance of my Chapter 60. onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00